



DEPARTMENT OF ADMINISTRATIVE SERVICES

OSBI – Bureau of Elevators 450 Columbus Blvd – Suite 1303 Hartford CT 06103
Office (860) 713-5808 Right Fax (959) 200-4890
Email: CT.Elevators@CT.Gov

Change of Owner/NEW Address - Please PRINT Information CLEARLY *Thank you*

Please Note: Your form will not be processed if the REQUIRED information is missing.

Date: _____

Elevator Information (REQUIRED):

Location Name: _____

Elevator No./Reg # (format is ###-####): _____ - _____

Elevator Address: _____

City: _____ State: _____ Zip Code: _____

New Owner/Registrant Information (ALL information below is REQUIRED):

Owner/Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. () _____ - _____ Fax No. () _____ - _____

Email Address: _____

Federal Tax ID Number (REQUIRED): _____

Please check below if this is the correct address for all mailings from our office:

Certificate <input type="checkbox"/>	Notices of Violation <input type="checkbox"/>	Invoice <input type="checkbox"/>
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***If you have a different address for any part of the above, please include alternative address and what part you need sent there:*

Owner/Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. () _____ - _____ Fax No. () _____ - _____

Email Address: _____

Federal Tax ID Number (REQUIRED): _____

***Person Requesting Change (REQUIRED Print):** _____

***Signature** _____ **Title** _____